

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephanie Dawn Gray
610 E. Cedar Street
Covington, VA 24426



9590 9402 7524 2098 5053 60

Article Number (Transfer from service label)

7019 2280 0000 3174 7511

restricted delivery

over 5000

USPS

Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Signature Confirmation™
Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes
 No

JAN 25 2023

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Return Receipt (hardcopy) \$ |
| <input type="checkbox"/> | Return Receipt (electronic) \$ |
| <input type="checkbox"/> | Certified Mail Restricted Delivery \$ |
| <input type="checkbox"/> | Adult Signature Required \$ |
| <input type="checkbox"/> | Adult Signature Restricted Delivery \$ |

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or P.O.

City, State, Zip+4

PS Form 3800, April 20



Stephanie Dawn Gray
610 E. Cedar Street
Covington, VA 24426

Instructions